

CLAIMS AS FILED - PART I Effective October 1, 2003

Application or Docket Number

10/619649

| CLAIMS | (Column 1) | (Column 2) |
|---|---------------|--------------|
| 87 | | |
| NUMBER FILED | | NUMBER EXTRA |
| CHARGEABLE CLAIMS | 87 minus 20 = | 27 |
| DEPENDENT CLAIMS | 4 minus 3 = | 1 |
| PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | |

| SMALL ENTITY TYPE <input type="checkbox"/> | | OR | OTHER THAN SMALL ENTITY | |
|--|--------|----|-------------------------|----------|
| RATE | FEE | | RATE | FEE |
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| XS 9= | | OR | XS18= | 486.00 |
| X43= | | OR | X86= | 89.00 |
| +145= | | OR | +290= | |
| TOTAL | | OR | TOTAL | 1,344.00 |

If reference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART I

| (Column 1) | (Column 2) | (Column 3) |
|---|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| 44 | 87 | |
| 2 | 4 | |
| PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | |

| SMALL ENTITY TYPE <input type="checkbox"/> | | OR | OTHER THAN SMALL ENTITY | |
|--|----------------|----|-------------------------|----------------|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| XS 9= | | OR | XS18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| (Column 1) | (Column 2) | (Column 3) |
|---|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | | |
| | | |
| PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | |

| SMALL ENTITY TYPE <input type="checkbox"/> | | OR | OTHER THAN SMALL ENTITY | |
|--|----------------|----|-------------------------|----------------|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| XS 9= | | OR | XS18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| (Column 1) | (Column 2) | (Column 3) |
|---|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | | |
| | | |
| PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | |

| SMALL ENTITY TYPE <input type="checkbox"/> | | OR | OTHER THAN SMALL ENTITY | |
|--|----------------|----|-------------------------|----------------|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| XS 9= | | OR | XS18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

If entry in column 1 is less than the entry in column 2, write "0" in column 3. If highest Number Previously Paid For in this space is less than 20, enter "20".